

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA**

IN RE:	:	CASE NO. 19-10813-TPA
	:	
Breana R Hayes,	:	CHAPTER 13
Debtor.	:	
	:	

PAYMENT ADVICES FOR THE PRIOR SIXTY (60) DAYS (PROOF OF INCOME)

DATES OF ENCLOSED PAYMENT ADVICES:

July 5, 2019

July 19, 2019

August 2, 2019

Next Payment Advice Expected (post-filing):

August 16, 2019

THE GROVE AT GREENVILLE
 110 FREEDONA ROAD GREENVILLE, PA 161257911

PAYROLL STUB

PSD: 430804
 Telephone Number: (724) 888-8090

Check Number	Period	Name	ID No	Rate	Salary	Days	Pls
113777	07/13/19	HAYES, BREANA	110017	12.2500	13838.0000	S 0	Y

DESCRIPTION	HOURS	RATE	EARNINGS	DEDUCTIONS THIS PAY
REG	71.50	12.2500	912.63	1ST N 2.00
OT	01.75	18.7775	32.86	
DIFFER	76.25	0.5000	38.13	
WKNDCNA	23.25	1.0000	23.25	

Sick: 0.00 VAC 0.00

THIS PAY DATE	1008.82	95.82	30.91	10.07	62.43	14.60	0.60	790.41
GROSS PAY		FEDERAL	STATE	CITY	FICA	MEDICARE TAX	DIS-SUP	NET PAY
2000.78	190.08	61.42	20.01	124.05	29.01	1.20		

REMAIN THIS FOR YOUR RECORDS

7/19

THE GROVE AT GREENVILLE
 110 FREDONIA ROAD GREENVILLE, PA 161257911
 PSD: 430804
 Telephone Number: (724) 388-9090

PAYROLL STUB

Check Number	Period End	Name	ID No.	Rate/Security	Department	Days	Res
113914	07/27/19	HAYES, BREANA	110017	12.2500	3838-0000	5 0	Y
DESCRIPTION			EARNINGS		DEDUCTIONS THIS PAY		
REG	42.00	12.2500	514.50	LST	N	2.00	
DIFFER	42.00	0.5000	21.00				
WKNDCH	07.50	1.0000	7.50				
			Sick 0.00 VAC 0.00				
TOTAL			543.00	40.16	16.67	5.43	33.67
GROSS			543.00	FEDERAL	STATE	CITY	FICA
NET			2543.74	230.24	78.09	25.44	157.72
DATE			07/27/19	07/27/19	07/27/19	07/27/19	07/27/19

RETAIN THIS FOR YOUR RECORDS

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IN RE:	:	CASE NO. 19-10813-TPA
	:	
Breana R Hayes,	:	CHAPTER 13
Debtor	:	
	:	
Breana R Hayes,	:	
Movant	:	Filed Pursuant to Rule 1007-4

VERIFICATION REGARDING PROOF OF INCOME

I, **Breana R Hayes**, hereby state as follows:

- 1.) I work for The Grove at Greenville where I bring home an average of \$1,087.58 per month.
- 2.) I receive Child Support in the amount of \$505.18 per month.
- 3.) I also receive Food Stamps in the amount of \$505.00 per month.
- 4.) I was required to file 2017 - 2018 tax returns; therefore I have submitted the same to the Trustee.
- 5.) I have submitted to the Trustee proof of income from all sources I have in my possession.

I declare under penalty of perjury that I have read the foregoing Statement, and it is true and correct to the best of my knowledge, information, and belief.

Date: September 17, 2019

/s/ Breana R Hayes
Debtor